



Getting the Most from Your COVA Care Plan

July 1, 2018 through June 30, 2019

Commonwealth of Virginia





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What's in Your COVA Care Plan?

Your plan includes:

- o Medical, Behavioral Health, Employee Assistance Program (EAP), and Prescription Drug benefits administered by Anthem Blue Cross and Blue Shield
- o Diagnostic and preventive dental benefits administered by Delta Dental
- o 100% coverage for in-network preventive care, no deductible
- o Specialist visits with no referrals
- o In-network coverage through the Anthem PPO network in Virginia, and the BlueCard® PPO and Blue Cross Blue Shield Global Core Programs for care outside Virginia
- o Optional Benefits (*available for an additional premium*): Expanded Dental, Vision & Hearing and Out-of-Network

Out-of-Pocket Expense Limit

\$1,500 for one person, **\$3,000** for two or more persons, each plan year

Your medical and behavioral health deductible, and copayments/coinsurance for **medical, behavioral health and prescription drugs** all count toward the limit. Once you reach the limit, you pay \$0 for covered in-network medical and behavioral health services, and covered prescription drugs for the remainder of the plan year.

These expenses do not count toward the limit:

- o Amounts above the allowable charge or plan limits
- o Services and supplies not covered by your plan
- o Copayments, coinsurance and deductibles for optional expanded dental, and optional routine vision/hearing benefits
- o 25% reduction in the amount paid by your plan under the out-of-network benefits option



COVA Care Benefits At-A-Glance

In-Network Benefits	You Pay
Deductible – per plan year	
○ One person	\$300
○ Two or more persons	\$600
Out-of-pocket expense limit – per plan year <i>(medical, behavioral health and pharmacy costs count toward the limit)</i>	
○ One person	\$1,500
○ Two or more persons	\$3,000
Ambulance travel	20% after deductible
Applied behavior analysis (ABA) for autism spectrum disorder – ages 2 through 10	\$25 per service
Behavioral Health	
○ Inpatient	\$300 per stay
○ Residential Treatment	\$300 per stay
○ Partial Day Hospitalization Program	\$125 per episode of care
○ Intensive Outpatient Treatment Program (IOP)	\$125 per episode of care
○ Outpatient Treatment Program	
– Facility services (per episode of care)	\$125
– Medical and non-medical professional	\$25 per visit
Chiropractic, manual medical interventions <i>(30-visit plan year limit)</i>	\$25 PCP / \$35 Specialist
Dental Services <i>(routine)</i>	
○ Diagnostic and preventive (routine oral exams and cleanings twice per plan year, x-rays, sealants and fluoride for children)	\$0
Diagnostic tests, x-rays, labs and injections <i>(outpatient)</i>	20% after deductible
Dialysis treatments	\$0
Doctor's office visits	\$25 PCP / \$40 Specialist
Online Doctor's visits (Livehealthonline.com)	\$0
Emergency room visits	\$150 per visit <i>(waived if admitted)</i>

NOTE: This is a summary of benefits. For a complete description of the benefits, exclusions, limitations and reductions under the plan, refer to your COVA Care member handbook, available at anthem.com/cova.

In-Network Benefits	You Pay
Employee Assistance Program (EAP) <ul style="list-style-type: none"> Up to 4 visits per issue, per plan year 	\$0
Home health services (90-visit plan year limit)	\$0
Home private duty nurse's services	20% after deductible
Hospice care	\$0
Hospital services	
<ul style="list-style-type: none"> Inpatient 	\$300 per stay
<ul style="list-style-type: none"> Outpatient 	\$125 per visit
Maternity	
<ul style="list-style-type: none"> Professional provider services (<i>prenatal & postnatal care</i>) 	\$25 PCP / \$40 Specialist
<ul style="list-style-type: none"> Delivery by PCP or Specialist 	\$0
<ul style="list-style-type: none"> Hospital services for delivery (<i>delivery room, anesthesia, routine nursing care for newborn</i>) 	\$300 copayment per stay ¹
<ul style="list-style-type: none"> Outpatient diagnostic tests 	20% after deductible
Medical equipment, appliances, and supplies	20% after deductible
Prescription drugs – mandatory generic	
<ul style="list-style-type: none"> Retail Pharmacy 	Up to 34-day supply: \$15 / \$30 / \$45 / \$55
<ul style="list-style-type: none"> Home Delivery Pharmacy (<i>Mail Service</i>) 	Up to 90-day supply: \$30 / \$60 / \$90 / \$110
<ul style="list-style-type: none"> Diabetic supplies 	20%, no deductible
Skilled nursing facility (180-day limit per stay)	\$0 per stay
Therapy services	
<ul style="list-style-type: none"> Cardiac Rehabilitation, Radiation, and Respiratory therapy 	\$0
<ul style="list-style-type: none"> Infusion therapy (<i>includes IV and injected chemotherapy</i>) 	20% after deductible
<ul style="list-style-type: none"> Occupational and Speech therapy 	\$25 PCP / \$35 Specialist
<ul style="list-style-type: none"> Physical therapy <i>only</i> 	\$15 PCP and Specialist
<ul style="list-style-type: none"> Physical therapy and other related services (<i>including manual intervention & spinal manipulation</i>) 	\$25 PCP/ \$35 Specialist
Vision - routine eye exam (one per plan year/Blue View Vision network)	\$15
Wellness & preventive services	
<ul style="list-style-type: none"> Office visits at specified intervals, immunizations, lab and x-rays 	\$0
<ul style="list-style-type: none"> Annual check-up visit (primary care or specialist), immunizations, lab and x-rays 	\$0
<ul style="list-style-type: none"> Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test, and colorectal cancer screening 	\$0

¹ \$300 copayment waived if member fulfills the Healthy Beginnings criteria through ActiveHealth Management.



Optional Benefits

(offered for an additional premium)

1. Expanded Dental Option

(Services in addition to the diagnostic and preventive dental benefits included in the basic COVA Care plan)

Administered by Delta Dental



Plan Year Maximum Benefit - per member (except Orthodontic)	\$2,000
Plan Year Deductible	\$50 One person / \$100 Two people / \$150 Family (three or more people)
	In-Network You Pay
Primary <ul style="list-style-type: none">○ Fillings and other restorative services○ Root canal and other endodontic services○ Simple extractions and other minor surgical procedures○ Periodontic services○ Denture repair and recementation of crowns, bridges and dentures	20% after deductible
Major Dental Care <ul style="list-style-type: none">○ Crowns (single crowns, inlays and onlays)○ Prosthodontics (partials or complete dentures and fixed bridges)○ Dental implants	50% after deductible
Orthodontic (\$2,000 lifetime maximum benefit per member) <ul style="list-style-type: none">○ Removable fixed appliance therapy and comprehensive therapy for adults and children	50%, no deductible

2. Routine Vision & Hearing Option

Blue View Vision

In-Network. Your routine vision benefit uses the Blue View Vision network, offering a wide selection of ophthalmologists, optometrists and opticians. The network also has convenient retail locations, including 1-800 CONTACTS, LensCrafters®, Sears OpticalSM, Target Optical®, and JCPenney® Optical.

Out-of-Network. You may also choose to receive care outside of the Blue View Vision network. You simply get an allowance toward covered services and you pay the rest. Pay in full at the time of service and then file a Blue View Vision out-of-network claim form for reimbursement.



Routine Vision Benefits Option (once per plan year)	In-Network You Pay	Out-of-Network
Routine Eye Exam (Covered under the basic plan)	\$15 copayment (Covered under the basic plan)	\$50 allowance (Covered under the basic plan)
Eyeglass Frames¹	80% of balance after plan pays \$100 allowance	\$80 allowance
Standard Single Vision Eyeglass Lenses (Polycarbonate lenses included for children under 19 years old)	\$20 copayment	\$50 allowance
Contact Lenses (May choose instead of eyeglass lenses)		
○ Elective Conventional Lenses ²	85% of balance after plan pays \$100 allowance	Balance after plan pays \$80 allowance
○ Elective Disposable Lenses ²	Balance after plan pays \$100 allowance	Balance after plan pays \$80 allowance
○ Non-Elective Lenses ³	Balance after plan pays \$250 allowance	\$210 allowance
Contact Lens Fitting and Follow-up (Up to 2 follow-up visits. Initial fitting must occur during the eye exam in order to be covered.)	<ul style="list-style-type: none"> Up to \$55 for Standard Contact Lens⁴ Fitting 90% of retail price for Premium Contact Lens⁵ Fitting 	Not available
Additional Discounts (See your COVA Care member handbook for coverage of eyeglass lenses upgrades and savings on eyewear accessories.)	<ul style="list-style-type: none"> 60% of retail price for additional pair of Eyeglasses (unlimited number) 85% of retail price for Conventional Contact Lenses 	Not available

¹ Discount not available on frame brands in which manufacturer has a no discount policy.

² Elective contact lenses are in lieu of eyeglass lenses.

³ Non-Elective contact lenses covered when eyeglasses are not an option for vision correction.

⁴ Standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement.

⁵ Premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include toric and multifocal lenses.



Hearing Option	You Pay
Routine hearing exam (once per plan year)	\$40 copayment
Hearing aids and other hearing aid related services (every 48 months)	Balance after plan pays maximum of \$1,200

3. Out-of-Network Option



You may want to consider this option if you want to see a provider who is not in the Anthem PPO or the BlueCard PPO network for care in the U.S. Covered services received outside of the network are paid at the in-network level less a **25% reduction** in the amount paid by your plan. The 25% reduction does not count toward your Out-of-Pocket expense limit.

Example: Out-of-network PCP Doctor Visit

Plan allowable charge for visit	\$100.00
Minus \$25 copayment	- \$ 25.00
	<hr/>
	= \$ 75.00
25% reduction	- \$ 18.75
	<hr/>
What Plan pays after 25% reduction	\$ 56.25
Total amount you pay	\$ 43.75

Plus, the out-of-network provider may bill you for any amount above the allowable charge.



You May Purchase Optional Benefits in these Combinations

- | |
|---|
| 1. Expanded Dental |
| 2. Out-of-Network |
| 3. Expanded Dental + Out-of-Network |
| 4. Expanded Dental + Vision & Hearing |
| 5. Expanded Dental + Out-of-Network + Vision & Hearing |



Medical and Behavioral Health

Many of your medical and behavioral health services require a copayment. Some services require 20% coinsurance after meeting a deductible. See the COVA Care Benefits at a Glance for the details.

Medical providers, such as:

- Primary care physicians who are general or family practitioners, internists and pediatricians
- Specialists such as endocrinologists or cardiologists (No Referral Needed)

Behavioral health providers such as:

- Clinical social workers, professional counselors, clinical nurse specialists, and marriage/family therapists
- Psychologists
- Psychiatrists

Always check to be sure a provider is in the network. Simply ask the provider, call Member Services, or use Find A Doctor at anthem.com/cova.

Your Anthem Provider Network

Who's in the network?

- **99% acute care hospitals in Virginia**
- **97% providers in Virginia**



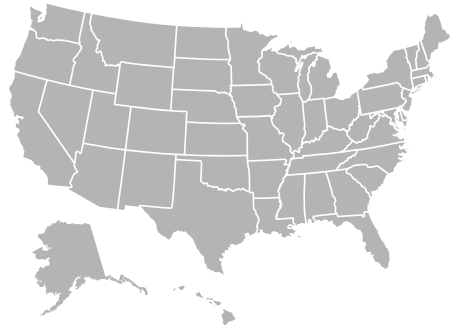
Network **medical and behavioral health providers** accept the allowable charge as payment in full after you pay any applicable deductible, copayment or coinsurance. That means lower out-of-pocket costs for you.

Finding an in-network provider is easy! Go to anthem.com/cova and select Find A Doctor, or call us at **1-800-552-2682** and we'll help you.

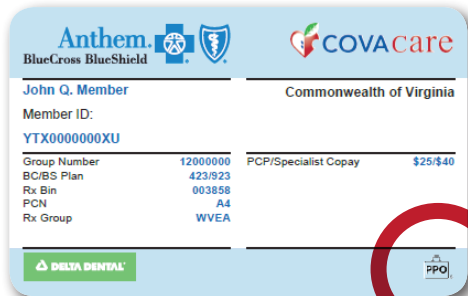
Care When Traveling – out of state or worldwide

BlueCard® PPO Program for care in the U.S.

What happens if you're traveling or living outside Virginia and you need care? You have access to care across the country through the **BlueCard® PPO Program**. This includes **92% of doctors and 96% of hospitals in the U.S.** When you see a BlueCard program doctor or hospital you pay only your usual plan deductible, copayment or coinsurance, and the provider files your claim for you. If you go to a doctor or hospital outside the program, you'll need to pay the entire bill up front and file your own claim.



Always show your Anthem ID card when you receive services. The “PPO-in-a-suitcase” symbol shows you can get care from BlueCard PPO Program providers.



Looking for a BlueCard PPO Program provider?



Go to www.bcbs.com, and select **Find a Doctor** to search for a BlueCard PPO Basic doctor or hospital. Or call Member Services at **1-800-552-2682** for help.



Blue Cross Blue Shield Global Core Program (formerly BlueCard Worldwide) for care **outside the U.S.**

If you're outside the U.S. and need care:

- Go to www.bcbsglobalcore.com and register or login. You can also download the **Blue Cross Blue Shield Global Core app** to search for a doctor or hospital.
- Need help finding a doctor or hospital, or have questions about getting care abroad? Call the Blue Cross Blue Shield Global Core Service Center at **1-800-810-2583 (BLUE)** or call collect at **1-804-673-1177**. A service representative will help you set up a doctor visit or hospital stay. An assistance coordinator, together with a medical professional, will arrange a doctor's appointment or hospital stay, if needed.
- Contact the Blue Cross Blue Shield Global Core service center if admitted to the hospital, and call the Member Services number shown on your ID card for precertification.
- You will need to pay up front for care, then fill out a Blue Cross Blue Shield Global Core claim form. Send the form and the bill(s) to the address on the form. Download the claim form from www.bcbsglobalcore.com and enter the three-digit alpha prefix found on your ID card. Or call Blue Cross Blue Shield Global Core at **1-800-810-2583 (BLUE)** to request the form.

Good to Know



Medical transport from another country to the United States (known as medical repatriation) is not covered under your plan. You may want to purchase travel insurance to cover that for you.

LiveHealthOnline.com — and pay \$0 for the visit!

Go to livehealthonline.com or download the app so you'll be ready whenever you need these LiveHealth Online services.



- o **LiveHealth Online Medical** – Use your smartphone, tablet or computer to see a board-certified doctor in minutes, any time, day or night. It's a fast, easy way to get care for common medical conditions like the flu, colds, allergies, pink eye, sinus infections, and more.
- o **LiveHealth Online Psychology** – Use your device to make an appointment to see a therapist or psychologist online.
- o **LiveHealth Online Psychiatry – NEW this plan year!** Unlike therapists who provide counseling support, psychiatrists can also provide medication management. Use your device to set up a visit online.
- o **LiveHealth Online EAP** – You can access your free EAP counseling sessions from your device. Contact your EAP to learn more.



Employee Assistance Program (EAP)

Your EAP gives you, your covered dependents and members of your household **up to four free confidential counseling sessions per issue** each plan year.

Turn to your EAP for information and resources about:

- o Emotional well-being
- o Addiction and recovery
- o Work and career
- o Childcare and parenting
- o Helping aging parents
- o Financial issues
(including free credit monitoring and identity theft recovery)
- o Legal concerns



**Learn all about your EAP services and resources.
Call 1-855-223-9277 or visit online at
anthemEAP.com.**

Enter **Commonwealth of Virginia** as company name



Prescription Drugs

Your prescription drug benefit is a **mandatory generic** program. This means if you or your doctor requests a brand name drug when a generic is available, you will pay for the brand copayment plus the difference between the allowable charge for the generic and the brand name drug.

Drug Tiers

Your pharmacy benefit categorizes covered drugs into four tiers, and each tier has a specific copayment. Periodically a drug may move from one tier to another.

Tier 1	Generic drugs
Tier 2	Lower cost preferred brand name drugs
Tier 3	Higher cost non-preferred brand name drugs
Tier 4	High cost Specialty brand name drugs

Retail Pharmacy

Get up to a 34-day supply of covered drugs at a network retail pharmacy. You can also get a three month supply of the drug by paying three copayments at the time of purchase.

Your retail pharmacy network has more than 64,000 pharmacies across the country – including most chains and some local, independent pharmacies. To check if your pharmacy is in the network, simply ask your pharmacist, go to [anthem.com](https://www.anthem.com), or call us at **1-800-552-2682**.

When you use a network pharmacy, you pay only the applicable copayment. If you choose an out-of-network pharmacy, you'll need to pay the total cost of the drug when you pick it up, and then file a Prescription Drug Claim Form to get reimbursed. You may be responsible for the difference between the pharmacy's charge and the plan's allowable charge for the drug.



Home Delivery Pharmacy - *through Express Scripts*

Switching to home delivery is simple. You can place your first order by phone or online at [anthem.com](https://www.anthem.com).

By phone: Call **1-800-355-8279**. A representative will help you with your order. Have your prescription, doctor's name, phone number, drug name and strength, and credit card handy when you call.

Online: Login to [anthem.com](https://www.anthem.com) and select Pharmacy under the Benefits tab. Follow the steps under Pharmacy Self Service to request a new prescription or refill a current prescription. Use your online Pharmacy tools to set up automatic refills, compare drug costs, and get details about medications.

You pay **only two copayments for a three-month supply** of drugs when you use the Home Delivery service, and the medication is delivered right to your home.

Specialty Pharmacy

Specialty Home Delivery

Your pharmacy program includes access to Accredo, a pharmacy dedicated to providing members with specialty drugs. Specialty medications include biopharmaceutical and injectable drugs. Accredo also provides support with clinicians and personal care coordinators to help members taking specialty drugs achieve the best possible outcomes from their treatments.

Contact Accredo at **1-877-886-1705** to begin using the Specialty Home Delivery service. Provide them with your doctor's name and phone number, and they'll do all the rest.

Specialty Retail

You can also obtain your specialty drugs from a participating retail pharmacy for up to a 34-day supply, or pay three copayments for a three month supply.

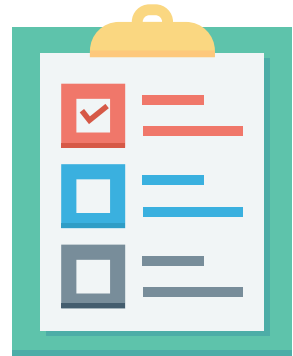


Prior Authorization *(required for some prescriptions)*

Most prescriptions are filled right away when you take them to the pharmacy. However, some drugs need to be reviewed before they are covered. This process is called Prior Authorization. It focuses on drugs that may have:

- A risk of side effects or harmful effects when taken with other drugs
- The potential for incorrect use or abuse
- Options that cost you less and may work better
- Rules for use with certain health conditions

If Prior Authorization is needed, your doctor must submit the request. A decision whether the drug will be covered is usually made within 24-48 hours from the time of the request.



Managing Prescription Drug Costs

- **Dose Optimization** typically means increasing the drug dose or amount so that you only have to take it once a day.
- **Quantity Limits** ensure a drug is prescribed according to Federal Drug Administration (FDA) and industry standards.
- **Step Therapy** is used for certain drugs to help you and your doctor choose the drug that's right for you by trying certain drugs first in a step-by-step process.

For more details, see the **Prescription Drug Plan Overview** brochure or your plan Member Handbook at anthem.com/cova under the Benefits tab.





Dental

Administered by Delta Dental

Routine diagnostic and preventive dental services are included in your plan with **no coinsurance or deductible** from dentists who participate in the Delta Dental PPO or Premier networks.

Coverage includes:

- Routine oral exams and cleanings, twice per plan year
- Bitewing x-rays
- Sealants and flouride for children under 19
- Full mouth or panorex x-rays once every 3 years

You may receive care outside of the network. However, you'll be responsible for paying any difference between the non-participating dentist's charges and Delta Dental's payment for covered benefits.

The **Expanded Dental Option** covers primary, major and orthodontic dental care for an additional premium.



Get the details at www.deltadentalva.com

Click on **Commonwealth of Virginia** from the home page.

- View your dental benefits booklet
- Find a dentist
- Check claims
- Learn about good oral health



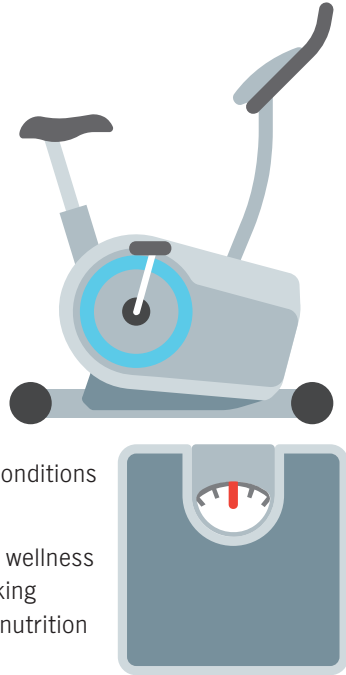


MyActiveHealth

Administered by ActiveHealth Management

Your COVA Care plan includes a host of health and wellness programs administered by ActiveHealth Management.

- **MyActiveHealth Portal:** Includes a health assessment and healthy living resources. It provides easy, confidential access to your health information, which is housed in one place for convenient tracking.
- **Healthy Insights:** Personalized support for members with health conditions such as diabetes, heart disease, high blood pressure and asthma. More than 40 conditions are included.
- **Healthy Lifestyles:** Five programs offering wellness and lifestyle coaching and support for smoking cessation, weight and stress management, nutrition and exercise.
- **Healthy Beginnings:** Maternity support for members including information on prenatal and newborn care, labor and delivery, and more. A nurse coach helps to identify risk factors that could affect pregnancy. Incentive available if you enroll within the first 16 weeks of pregnancy.
- **Care Considerations (Personal Healthcare Alerts):** Electronic personalized messages on health improvement opportunities or health risks to ensure safe, high-quality care and treatment. Your doctor may also be notified if something is high-risk so that you can follow up on next steps.
- **Incentive Programs:** Waived facility or medication copays when members meet requirements. Coaching support for diabetes management, asthma/COPD, high blood pressure, bariatric surgery education, and maternity management.



See more information on ActiveHealth programs at www.dhrm.virginia.gov/healthcoverage/activehealth.

Quick Access to Your Plan

Anthem.com/cova

Your dedicated website for health benefits documents, no log in needed



Download your health benefits summary and member handbook



Find a doctor and urgent care



Register for LiveHealth Online video doctor visits



Learn about your Employee Assistance Program (EAP), and more



Get Flexible Spending Account (FSA) information



Anthem.com

Log in to your confidential and secure account



View your claims



Download your ID card



Find a doctor and urgent care



Refill prescriptions online



Compare costs for hundreds of medical procedures

Anthem Anywhere mobile app



Download on the
App Store



GET IT ON
Google Play



**Log in using your anthem.com username
and password to:**



View your ID card

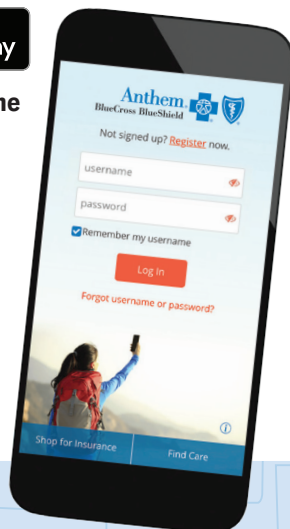


Find a doctor and urgent care



Compare costs for hundreds of
medical procedures

... and much more



Who To Contact Quick Reference

Anthem Member Services <i>(medical, pharmacy, optional vision/hearing)</i>	1-800-552-2682 anthem.com/cova
Anthem Behavioral Health and Employee Assistance Program (EAP)	1-855-223-9277 anthemEAP.com <i>(Company Name: Commonwealth of Virginia)</i>
Anthem ID Card Order Line	1-866-587-6713
BlueCard PPO <i>(coverage outside Virginia)</i>	1-800-810-2583 www.bcbs.com
Blue Cross Blue Shield Global Core <i>(coverage outside of the U.S.)</i>	1-800-810-2583 www.bcbsglobalcore.com
Delta Dental	1-888-335-8296 www.deltadentalva.com
LiveHealth Online	livehealthonline.com
Flexible Spending Accounts (FSAs) <i>(administered by Anthem for all health benefit eligible employees)</i>	1-877-451-7244 anthem.com/cova
ActiveHealth Management Programs	1-866-938-0349 myactivehealth.com/COVA
Department of Human Resource Management (DHRM)/Commonwealth of Virginia	dhrm.virginia.gov
ALEX Benefits Counselor	www.myalex.com/cova

Eligibility questions? If you have questions about eligibility for the state health benefits program, please contact your agency Benefits Administrator for further information.



**Commonwealth
of Virginia**



Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem Blue Cross and Blue Shield and its affiliated HMO HealthKeepers, Inc. are independent licensees of the Blue Cross Blue Shield Association. ®ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.